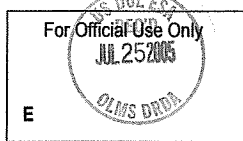


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - <u>4059</u> | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name Cindy L Diehm P.O. Box, Bldg., Room No., if any Street 6606 Winthrop Drive City Fayetteville State North Carolina ZIP Code + 4 28311 | 4. Name, file number, and address of labor organization. Name Industrial, Technical & Prof. Employees Union Labor Organization File Number 530-913 P.O. Box, Building and Room Number, if any Suite 200 Street 2222 Bull Street City Savannah State Georgia ZIP Code + 4 31401-8500 |
| 5. Position in labor organization. Union Representative | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|---|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name ITPE Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6851 Jericho Turnpike, Suite 255 City Syosset State New York ZIP Code + 4 11791 | 7.a. Nature of Interest, Transaction, or Income. i am an alternate trustee of the Fund. The amount stated below was for reimbursement of travel expenses incurred in connection with attendance and participation at Trustees Meetings. 7.b. Amount. \$3,657 |

Signature

| | | |
|--|-------------------------------|----------------------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | |
| Signed <u>Cindy L. Diehm</u> | On <u>July 18, 05</u> Date | 910-497-1661 Telephone Number |